

BOARD OF BEHAVIORAL SCIENCES

400 R STREET, SUITE 3150, SACRAMENTO, CA 95814 TELEPHONE: (916) 445-4933 TDD: (916) 322-1700 WEBSITE ADDRESS: http://www.bbs.ca.gov



MARRIAGE, FAMILY, AND CHILD COUNSEOLOR SUMMARY SHEET

APPLICANT: Completing this form is OPTIONAL. The purpose of this form is to allow you to summarize your education, experience and other relevant information in the same manner as the Board does in evaluating your application. If you choose to complete, please type or print legibly and submit this form with your application for licensure.

Applicant's Name:															
	First							Middle Last							
BBS File No:	MFCC Intern No:							Issued: _							
Name of School: Date En															
Type of Degree:(Circle one) MA		MS Ph.D.		Date Degree Awarded:											
					Frainee Approval:										
DIRECT COUNSELIN	IG HC	OURS: (If me	ore space is n	ieeded, use i	reverse side	with same fo	rmat.)	-							
Supervisor Info.			Dates #				Counseling			Hours			ıpv		
Name	Lic	Number	Start	End	Wks	Ind	Cpls	Grp	Ph	Adm	W/S	Ind	Grp	Total	
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Psychotherapy			Dates												
Psychotherapist Lic Number			Start	End	Tota	l			SUBTOTAL:						
YES NO															
☐ ☐ Psycho	othera	py hours re	eceived: .								X	3 =			
		aw and Etl													
Child	abuse	assessmen	t and rep	orting (7 contac	t hours)									
		ality (10 c													
					pendenc	y (kem. U	Unit of 15 of	contact l	nours)						
☐ ☐ Spousa	al abus	se (Enrolle	d after 1	-1-95)											
							7	TOTAL	(mini	mum 3	,000 h	ours):			